



# CHEMLAWN®

## REQUEST FOR NOTIFICATION PRIOR TO SERVICE 1990

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1) I would like to be notified <sup>at least</sup> <del>within</del> 24 hrs <sup>before</sup> of a Chemlawn service application. | _____      | _____     |
| 2) Please limit to properties bordering my home  | _____      | _____     |
| 3) Please limit to properties on my street   | _____      | _____     |
| 4) Please limit to tree/shrub applications   | _____      | _____     |
| 5) Please limit to lawn applications   | _____      | _____     |
| 6) Please limit to applications containing pesticides  | _____      | _____     |
| 7) Please include service calls with possible pesticide applications   | _____      | _____     |
| 8) Please include all applications and service calls   | _____      | _____     |
| 9) The best time to contact me is from _____ to _____  |            |           |
| at this number _____   |            |           |